

Transitional Measurement Year (MY), 1/1/17 – 12/31/17 Hospital Pay-for-Performance (P4P) Guide

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Transitional Measurement Year (MY) Hospital P4P – Overview

The time frame for the transitional measurement year (MY) is from January 1, 2017 through December 31, 2017. The purpose for the transitional year period is to move from an April 1 – March 31 measurement year to a January 1 – December 31 measurement year, consistent with the Department's hospital rate setting process.

- Measurement Year 2017: April 1, 2016 – March 31, 2017 (**completed**)
- Transitional Measurement Year: January 1, 2017 – December 31, 2017
- Measurement Year 2018: January 1, 2018 – December 31, 2018

Note the overlap period between MY 17 and the transitional measurement year. This was done to ensure a full 12 months of data during the transitional measurement year period.

Starting April 1, 2017, the Department will no longer operate the Withhold P4P program. Inpatient and outpatient claims will no longer be subject to the 1.5% withhold, and the Department will no longer measure the performance indicators previously associated with the Withhold P4P program. The Assessment P4P program will continue.

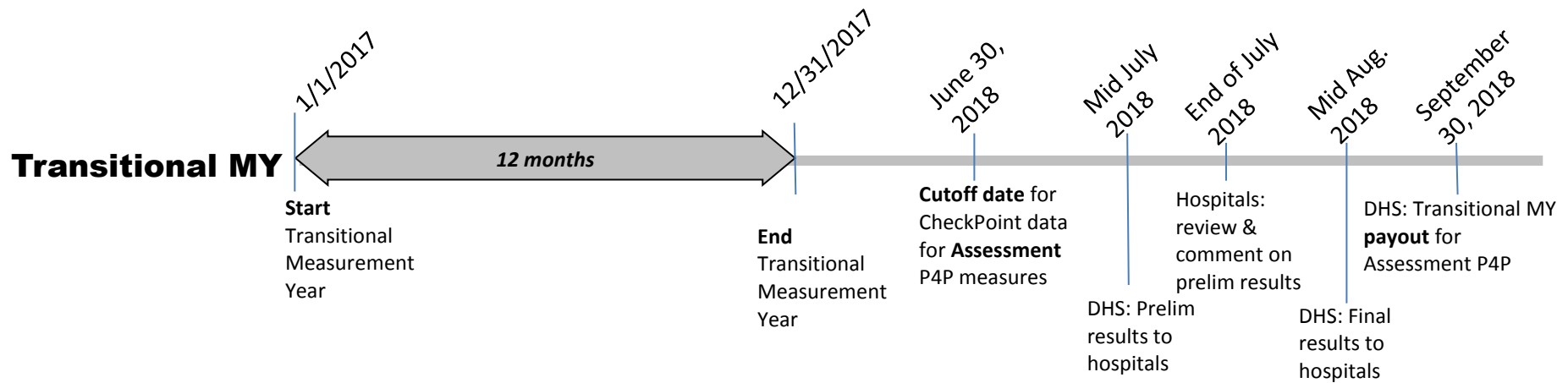
The payments for the transition year Assessment P4P program will be made before September 30, 2018.

The goal of the P4P program is to promote and recognize high quality patient care at all hospitals throughout Wisconsin. The Department of Health Services (DHS) believes that through high quality patient care, it will be possible to increase positive health outcomes and improve the lives of all Wisconsin residents. Therefore, this program is an integral part of the overall quality initiative at DHS. DHS encourages all hospitals to actively participate in the P4P program and to work toward fully meeting the performance targets that are set for each measure, as well as maintaining high performance in all areas, including those not covered by this program.

The purpose of this Guide is to provide an overview of the program, its components, the methodology, and the measures, to those who have an interest in the program. As new policies regarding the P4P program become active, this document will be updated to reflect the most current information. Additionally, with each new measurement year, this document will receive a full review to ensure that all information contained within is relevant to the given measurement year. Any questions related to the topics covered by this Guide or the P4P program in general should be directed to the DHS contacts listed on the previous page. Additionally, please sign up for the quality program mailing list by contacting one of the DHS contacts listed on the previous page and asking to be added to the list. This list will be used to keep providers up-to-date on DHS quality program developments.

The rest of this Guide is devoted to describing the Assessment P4P program in detail. This includes: a timeline for the program, an overview of the program, a description of the performance measures being used, the performance targets for each measure, and examples of the methodology that will be used to calculate the results and payments.

Transitional Measurement Year Hospital Assessment P4P Timeline



Data Submission and Validation Process

Baselines for Measurement Years

In previous years, DHS based results for the P4P assessment measures on a hospital's performance relative to prior year averages. Starting with this transitional measurement year, DHS will instead base results on a hospital's performance relative to the average performance of all hospitals over the measurement year.

Reviewing Preliminary Results with Hospitals

After the data submission cut-off date, DHS calculates and compiles the results and shares them with the hospitals. Hospitals are expected to review the results and respond to DHS with comments and supporting data in case there are discrepancies between the results calculated by DHS and those by the hospitals. DHS will then review the data submitted by hospitals.

Please also see the timelines on page 3 for additional information about the schedules for the P4P programs.

Transitional MY Assessment P4P Program

The Assessment P4P program **only** applies to inpatient admissions. The Assessment P4P provides for payments to acute care, children's, and rehabilitation hospitals located in Wisconsin. Critical access hospitals are not included in the Assessment P4P program because they already receive cost-based reimbursement. Psychiatric hospitals are not included because they are paid under a different reimbursement methodology in the State Plan.

The program is funded by \$5 million which is set aside from the hospital assessment levy for P4P by the State. The hospital assessment raises funds from hospitals that are then expended on this P4P program as well as access payments and other supplemental payments. The P4P funds are then split among the measures used during the MY, described in detail on the next several pages.

The Department determines the payment amounts and recipients for each measure separately. The more hospitals that meet the performance targets, the less money distributed to each individual hospital. The opposite is also true; if very few hospitals meet the targets for one or more of the measures, the payouts for those measures will be higher for those hospitals that meet the targets. With the understanding that payouts to hospitals by measure may vary, the entire \$5 million will be paid out regardless of how many or how few hospitals meet the performance targets. The State does not keep any funds from the Assessment P4P program.

Payment will be made by September 30 following the conclusion of the measurement year. For the Transitional Measurement Year the payment will be made by September 30, 2018.

The three measures and allocation of money for the Transitional MY are as follows:

Measure	Transitional MY	Share Division
Pay-For-Performance		
1. Perinatal Measures: 2 Sub-measures as follows: a) Cesarean Section b) Newborn Screening Turnaround Time	\$ 2 million Target = statewide average	100% = 2 of 2 75% = 1 of 2
2. Patient Experience of Care	\$1.5 million Target = statewide average	100% = 3 of 10
3. Central-line Associated Blood Stream Infection (CLABSI)	\$1.5 million Target = statewide average	100% = statewide avg.

Assessment P4P Measures

This chart shows the three assessment measures for the Transitional MY, their individual components, where the data is sourced from, and what the measurement period is for each.

Measure	Data Source	Measurement Period
1. Perinatal Measures a. Cesarean Section b. Newborn Screening Turnaround Time	CheckPoint	1/1/2017 to 12/31/2017*
2. HCAHPS a. Patients Ranked Hospital High b. Definitely Recommend Hospital c. Doctors Always Communicated Well d. Nurses Always Communicated Well e. Patients Always Received Help As Soon as They Wanted f. Staff Always Explained Medications g. Pain Always Well Controlled h. Always Quiet at Night i. Room Was Always Clean j. Staff Provided Discharge Instructions	CheckPoint	10/1/2016 to 9/30/2017*
3. Central Line Blood Stream Infections- CLABSI	CheckPoint	1/1/2017 to 12/31/2017*

**Dates reflect the data scheduled to be available on CheckPoint on 6/30/2018. These dates are subject to change if the data for these timeframes is not available to WHA.*

Estimated Assessment P4P State Averages

This chart provides estimates of what the baseline statewide averages may be for each of the three assessment measures, and their component measures in the case of the perinatal measures and HCAHPS. As indicated on page 4, P4P results will be based on performance relative to average performance during this transitional measurement year rather than prior year averages – a hospital must equal or outperform those measurement year averages to receive payment for a given Assessment P4P measure. The averages below are estimates to serve as a target for planning purposes. Actual averages *will* vary from those listed below.

Measure	Numerator	Denominator	Estimated State Average	Positive or Negative Measure
Perinatal Measures				
Cesarean Section (PC-02)	Not available from CheckPoint	Not available from CheckPoint	22%	Negative**
Newborn Screening Turnaround Time	Not available from CheckPoint	Not available from CheckPoint	98%	Positive
HCAHPS (Patient Experience of Care)		Statewide Average (n=66 hospitals)		All Sub-measures are positive.
Patients Ranked Hospital High		76%		
Definitely Recommend Hospital		76%		
Doctors Always Communicated Well		82%		
Nurses always communicated well		82%		
Patients always received help as soon as they wanted		70%		
Staff always explained medications		67%		
Pain always well controlled		72%		
Always quiet at night		63%		
Room was always clean		77%		
Staff Provided Discharge Instructions		90%		
Central Line Associated Blood Stream Infections (CLABSI): Statewide Average Data:10/1/2015- 9/30/2016	Numerator data not available from Checkpoint	Denominator data not available from Checkpoint	0.78	Negative**

*= including all hospitals with > 0 in the denominator

**= Negative means that a hospital must score lower than the published average.

Assessment P4P Measures Detail

This page provides a more detailed description of the Assessment P4P program measures.

1. Perinatal Measures (\$2 million):

There are two components to this measure, as shown below:

- a. Cesarean Section (PC-02)
- b. Newborn Screening Turnaround Time

Both components for this measure are reported through the WHA (Wisconsin Hospital Association) CheckPoint website. For this measure the goal is to score better than the published statewide average. Estimated state baseline averages were calculated using data reported on CheckPoint as of March 28, 2017 which covered the time period 10/1/2015 through 9/30/2016. A hospital can earn a 100% “full share” of the \$2 million by equaling or outperforming the statewide average on both of the sub-measures, or a 75% “partial share” of the \$2 million by equaling or outperforming the statewide average on one of the sub-measures.

2. Patient Experience of Care Survey (HCAHPS) (\$1.5 million):

This measure is made up of 27 survey questions from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) that cover the entire hospitalization experience. These are grouped into the ten components of the measure. The data is reported to CheckPoint. For this measure the goal is to score equal to or greater than the published statewide average. Estimated state baseline averages were calculated using measurement year 2016 data (MY2016 results). A hospital can earn a 100% “full share” of the \$1.5 million by scoring at or above the statewide average on at least three of the ten sub-measures.

3. Central Line Associated Blood Stream Infections (CLABSI) (\$1.5 million):

The CLABSI surveillance protocol

(http://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf) within the National Healthcare Safety Network (NHSN) provides the definitions and reporting structure for this measure. This measure uses a standardized infection ratio to compare a hospital’s results against the state average. Starting with the transitional measurement year, this measure is transitioning from CLABSI-ICU only to CLABSI-All Nursing Units. Data for this measure is reported to CheckPoint. For this measure the goal is to score equal to or less than the published statewide average. The estimated state baseline average was calculated using data reported to NHSN as of March 28, 2017 which covered the time period 10/1/2015 through 9/30/2016. A hospital can earn a 100% “full share” of the \$1.5 million by equaling or outperforming the statewide average for this measure.

Reporting notes/resources:

- Data must be entered into NHSN and rights conferred to the WHA group (ID 27080) for measure compliance. Data are then loaded onto CheckPoint for evaluation.
- All NHSN reporting rules should be followed, including but not limited to, indicating CLABSI surveillance in monthly reporting plans, entering monthly numerators and denominators (device days and patient days) in all eligible units, and reporting only primary BSIs as CLABSIs.

- The SIR is only calculated when the number of predicted CLABSIs is ≥ 1 to help enforce a minimum precision criterion. In cases where the SIR is not calculated, a + will be indicated on CheckPoint.
- Surveillance protocol: http://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf
- Surveillance resources: <http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html>
- Contact Jill Hanson, Quality Improvement Manager at the Wisconsin Hospital Association, at 608-268-1842 or jhanson@wha.org for CheckPoint questions.
- Contact Ashlie Dowdell, HAI Surveillance Coordinator at the Wisconsin Division of Public Health, at 608-266-1122 or ashlie.dowdell@wi.gov for NHSN questions.

Assessment P4P Methodology

The Department determines the payment amounts and recipients for each measure separately. The Department calculates the “full share” payment amount for a measure by dividing the budget for the measure by the sum of (“partial” and “full”) shares earned by hospitals; the “partial share” payment amount is the “full share” payment amount multiplied by the “partial share” percentage. For example, if, for the Perinatal Measure, 25 hospitals qualify for “full shares” and 20 hospitals qualify for 75% “partial shares,” the sum of the shares is $(25 + (0.75 \times 20)) = 40$, so the 25 hospitals each earn \$50,000 ($\$2 \text{ million} / 40$) while the 20 hospitals each earn \$37,500 ($\$50,000 \times 0.75$).

Please see the following page for another detailed example of the methodology.

Assessment P4P Methodology Example

This chart shows an example of the Assessment P4P methodology, using the perinatal measures.

Step	Example
<ul style="list-style-type: none"> Set the targets for each of the performance-based Birth Measures: <ul style="list-style-type: none"> Cesarean Section Newborn Screening Turnaround Time 	<p>Assume beginning with 70 hospitals in scope for this measure.</p>
<ul style="list-style-type: none"> At the end of the MY, determine the number of hospitals reporting all required perinatal measures. Hospitals reporting all required perinatal measures will be eligible to participate in the perinatal P4P fund distribution. 	<p>Assume 50 out of 70 hospitals report all required perinatal measures. Only these 50 hospitals are eligible to participate in the perinatal P4P incentive.</p>
<ul style="list-style-type: none"> Determine how many hospitals from Step 2 meet exactly: <ul style="list-style-type: none"> Zero perinatal targets = not eligible for perinatal P4P money 1 perinatal target= 75% share 2 perinatal targets= 100% share 	<p>Assume: of the 50 hospitals reporting all perinatal measures:</p> <ul style="list-style-type: none"> 20 hospitals meet 0 targets 10 hospitals meet 1 target 20 hospitals meet 2 targets
<ul style="list-style-type: none"> Calculate individual hospital points and total points for hospitals meeting: <ul style="list-style-type: none"> Zero perinatal targets = \$0 from perinatal P4P = 0 points each Exactly 1 target = 75% of incentive = 0.75 points each 2 targets = 100% of incentive = 1 point each 	<ul style="list-style-type: none"> 20 hospitals get 0 points = \$0 for perinatal; total points for this group = $20 \times 0 = 0$; 10 hospitals get 0.75 points; total points = $10 \times 0.75 = 7.5$; 20 hospitals get 1 point; total points = $20 \times 1 = 20$. <p>Total points for all hospitals $= (20 \times 0) + (10 \times 0.75) + (20 \times 1) = 27.5$ points</p>
<ul style="list-style-type: none"> Determine percent share in incentive money for hospitals earning 75% of the incentive, and those earning 100% of the incentive. Calculate the incentive money for each hospital. 	<ul style="list-style-type: none"> Share of the 10 hospitals that get 0.75 points each, in the total perinatal \$ = $\frac{7.5 \text{ points}}{27.5 \text{ points}} = 27.27\%$ of \$2 million = \$545,454. Divided equally among the 10 hospitals, each gets \$54,545. Share of the 20 hospitals that get 1 point each = $\frac{20}{27.5} = 72.72\%$ of \$2 million = \$1,454,546. Divided equally among the 20 hospitals, each gets \$72,727.